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**Comments:**

Atty Docket No: 24615-20168.00  
Application Serial No.: 10/089,879  
Filed: October 3, 2000  
Inventors: Pieter C. LANGEVELD *et al.*  
Art Unit: 1645  
Examiner: R. Zeman  
Title: THE DETECTION OF ANTIMICROBIAL RESIDUES IN EGGS

**Enclosed are the following documents:**

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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PA-1091438

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/089,879	
	Filing Date	October 3, 2000	
	First Named Inventor	Pieter C. LANGEVELD	
	Art Unit	1645	
	Examiner Name	R. Zeman	
Total Number of Pages In This Submission	2	Attorney Docket Number	246152016800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	<i>Thomas E. Clotti</i>		
Printed name	Thomas E. Clotti		
Date	August 29, 2006	Reg. No.	21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: August 29, 2006	Signature: <i>Lindsay Seydel</i> (Lindsay Seydel)

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